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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	•	LÇC L. I	11011				•	
APPLICATION	NUMBER:							
		Total Fee	Calculat	ion				
	Fee Code	Total # Claims	Number Extra	x	, Fee	· Fee	· =	Tota
	Sm./Lg.			S	m. Entity	Lg. Entity		
Basic Filing Fee	201/101	, •	•	_		·	=	
Total Claims >20	203/103	-20 =	·	x _	<u>.</u>	490	=	
Independent Claims >3	202/102	-3 =	3	· _				
Mult. Dep Claim Present	204/104					280	=	
Surcharge	205/105			_			=	·
English Translation	139						•	
TOTAL FEE CALCULA	ATION	,						
Fees due upon filing t	the application:	7		,		÷ .	*	
Total Filing Fees Due	; = \$	1576	·	-				
Less Filing Fees Subr	nitted - \$	1406						
BÄLANCE DUE	= \$	1270						

Office of Initial Patent Examination

							Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001									1011600					
									S	7	>-/	1	·	
CLAIMS AS FILED (Colum			(Column					SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS		57					RATE	T	FEE		RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA		BASIC F	EE :	370.00	OR	BASIC FEE	740.00			
TOTAL CHARGEABLE CLAIMS		112 ininus 20=		* 377 82		7>	X\$ 9=			OR	X\$18=	1636.01		
INDEPENDENT CLAIMS		minus 3 = *		<u>b</u>	_	X42=			OR	X84=				
MULTIPLE DEPENDENT CLAIM PR			REŠENT	/ 🔯			_	+140=			OR	+280=	sed m	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L .		OR	TOTAL	26 761		
CLAIMS AS AMENDED - PART II											-	OTHER		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST					3)	SMAL			OR I I	SMALL				
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA	r	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*54	Minus	**//	2	=		X\$ 9=	=		OR	X\$18=		
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	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			+140=	=		OR	+280=		
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		(Column 1)		(Colu	mn 2)	(Column		ADDIT				7,001,1100		
MENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESEN [®] EXTRA	г	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	_		OR	+280=		
		,						TOT	AL		OD.	TOTAL		
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		(Column 1) CLAIMS		HIGH	mn 2) HEST	(Column	7			V DDI			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	TIONAL FEE	
NOM	Total	*	Minus	**		=	_	X\$ 9=			OR	X\$18=		
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Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		┛╽		\dashv					
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2. writ	e "0" in co	lumn 3.		+140=			OR	+280=		
**	If the "Highest Nu	mber Previously P imber Previously P	aid For" IN THI	S SPACE	is less tha	n 20, enter "	20." 3. "	TOTA ADDIT. FE	EE		OR	TOTAL ADDIT. FEE	<u></u>	
	The "Highest Num	nber Previously Pa	nid For" (Total or	Independ	dent) is the	highest nur	nber fo	und in the	appro	priate box	k in co	lumn 1.		